

ORIGINAL

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) Adam Hackett 00329697
(Name of Plaintiff) (Inmate Number)

D.C.C. 1191 Piddock Del.
Smymna, Delaware 19977
(Complete Address with zip code)

(2) N/A
(Name of Plaintiff) (Inmate Number)

N/A
(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Correctional Medical Services
(2) Thomas Carroll (Warden)
(3) Stanley Taylor (Commissioner) et al
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

06 - 426

(Case Number)

(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

2006 JUL 10 PM 2:32

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? Filed grievance to institution
Committee
 2. What was the result? Grievance was returned stating...
"Expired" filing period See... Exhibit A
- D. If your answer to "B" is No, explain why not: N/A

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Correctional Medical Services (CMS)
Employed as in it's capacity as at Department of corrections
Mailing address with zip code: 1181 Paddock Rd. Smyrna, DE
19977
- (2) Name of second defendant: Thomas Carroll (Warden)
Employed as Warden at D.C.C.
Mailing address with zip code: 1181 Paddock Rd. Smyrna, DE
19977
- (3) Name of third defendant: Stanley Taylor
Employed as Commissioner at Department of corrections
Mailing address with zip code: 245 McKee Rd. Dover, Delaware
19904
- (List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Not getting necessary Medical attention for an unusual bump that appeared on plaintiff's head.
2. Plaintiff was seen by C.M.S medical staff and was told that he (Plaintiff) was to see outside specialist to have the "lump" surgically removed.
3. Plaintiff has waited almost a full year. Plaintiff filled out a "Sick Call" slip request in order to find out why he (Plaintiff) wasn't seen by a specialist. On 6-5-06 CMS doctor told plaintiff that she has to put in another consultation request, cause the first one expired.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Outside Treatment of Diagnosis by another Doctor not affiliated with C.M.S

2. Monetary compensation for lack
of necessary medical attention and
Cure, Pain and Suffering.

3. An amount to be determined
by presiding Judge or Jury

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3rd day of JULY, 2006.

Adam Harbott

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Certificate of Service

I, Adam Hackett, hereby certify that I have served a true
and correct cop(ies) of the attached: 42 USC § 983 Complaint
_____ upon the following
parties/person (s):

TO: CLERK
U.S. District Court
Lockbox 18
844 N. King Street
Wilmington, DE. 19801

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 3rd day of July, 2006

1/M Adam Hackett

SBI# 329097 UNIT mhr 22 B01

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



Clerk

U.S. District Court lock box 18

844 N. King Street

Wilmington, DE

19801

Legal Mail

Legal Mail

Exhibit-A

FORM #585

MEDICAL GRIEVANCE

FACILITY: D.C.C.
 INMATE'S NAME: Adam Hackett
 HOUSING UNIT: 22-BU-1

DATE SUBMITTED: 5-17-06
 SBI#: 329697
 CASE #: 44010

SECTION #1DATE & TIME OF MEDICAL INCIDENT: On-Going

TYPE OF MEDICAL PROBLEM:

Grievant submitted a sick-call slip regarding a 'bump' on his head. Grievant was seen by a D.C.C. doctor and the doctor told grievant that he (Grievant) had to be seen by an outside doctor concerning said 'bump'. It has been almost a year and grievant hasn't heard anything regarding outside consultation. Grievant is experiencing bad headaches.

GRIEVANT'S SIGNATURE: Adam HackettDATE: 5-17-06

ACTION REQUESTED BY GRIEVANT: That grievant is updated on status of consultation. And, that grievant is examined by a C.M.S. doctor A.S.A.P.

DATE RECEIVED BY MEDICAL UNIT: _____

RECEIVED

MAY 18 2006

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING. Inmate Grievance Office

Instructions for Submitting a Regular Grievance

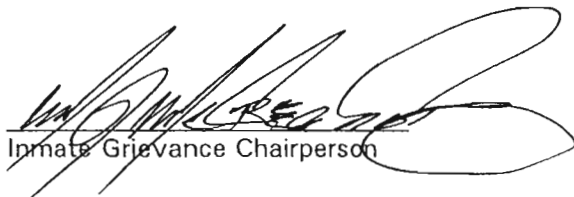
Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOV Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action** ☐ **Parole Decision** ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☐ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # _____.
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☒ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.


Inmate Grievance Chairperson

6-3-06
Date